

Region	
Contract Number	

Pheasant Release Program

- APPLICATION FORM-

Instructions: Complete this form and submit it to the closest Regional Fish Wildlife and Parks office. The form must be submitted by May 15 of the year you wish to participate in the program. Please print or type.

value of marviadar of organization.				
Contact person if organization:				
Number of members in organization	:			
Mailing Address:				
City:				
Telephone:				
Legal description of release site: T	, R	, S	, ½	
County				
Acres that would be open to hunting				
Estimated amount of free hunter days				
*Please indicate the release site and the past SCS conservation plan map. Do you own the property where the release	roperty that w			•
*Please indicate the release site and the p SCS conservation plan map.	se will take plere the released dated doc	ace? Yese will occur ploument from th	Noease complete the owner indicate	e following
*Please indicate the release site and the p SCS conservation plan map. Do you own the property where the release If you do not own the property whe information and include a signed an agreement for the release and their	se will take please the release dated doc	e will occur plo ument from th to comply with	Noease complete the owner indicate the programs r	e following
*Please indicate the release site and the p SCS conservation plan map. Do you own the property where the release information and include a signed are agreement for the release and their for public hunting.	se will take plere the released dated doc	e will occur ploument from the comply with	Noease complete the owner indicate the programs r	e following ing their equirements
*Please indicate the release site and the p SCS conservation plan map. Do you own the property where the release If you do not own the property whe information and include a signed at agreement for the release and their for public hunting. Owners Name:	se will take plere the released dated doc	e will occur ploument from the comply with	Noease complete the owner indicate the programs r	e following ing their equirements
*Please indicate the release site and the p SCS conservation plan map. Do you own the property where the release If you do not own the property whe information and include a signed at agreement for the release and their for public hunting. Owners Name: Address:	se will take plere the released dated doc	e will occur ploument from the comply with	Noease complete the owner indicate the programs r	e following ing their equirements

Please check one of the following:	
 () Birds will be raised to 10 weeks by the landowner, or () 10 week old birds will be purchased from another source. 	
Name of the hatchery or commercial pheasant raiser where eggs or birds will be obtained:	
	-
If you would like to assign payment to someone other than landowner, please list his or he information below:	r
Owners Name:	
Address:	
City: Zip:	
Telephone:	
Email Address:	
In order to receive payment, the source stock of birds must be certified as having come from an N hatchery as chicks or eggs. NPIP Certification Number where birds originated:	IPIP
I the undersigned am aware of the following obligations and requirements concerning enrollment program;	in this
 I am required to allow a reasonable amount of free public upland bird hunting. I cannot charge for hunting or access to the acres enrolled in this program. The area will be signed by FWP showing it as being enrolled in the program. The location of the project will be published. All birds released must be at least 10 weeks old and fully feathered. A minimum of 40% of the released birds must be roosters. Violation of the terms of any agreement entered into as a result of this application will require repayment to FWP of funds received under the program. 	;
Applicant signature	
Date	